



## SUBSTANCE ABUSE PREVENTION AND CONTROL

### Client Complaint Form

**SUBMISSION OPTIONS TO REPORT A COMPLAINT:**

Call: (626) 299-XXXX

Mail: Substance Abuse Prevention and Control

Fax: (626) 299-XXXX

1000 S. Fremont Ave., Bldg. A9 East, 3rd Floor; Alhambra, CA 91803

Website: <http://publichealth.lacounty.gov/sapc/>

Client Last Name	First Name	MI	Email
Address			Phone Number
Name and Address of Service Provider			
Concern/Comment			
Representative Completing this Form (if other than client)			Relationship to the Client
Client/Representative Signature			Date

**INTERNAL SAPC USE ONLY**

SAPC Staff Receiving the Complaint	Unit Reviewing the Complaint	Reference Number
Name of SAPC Reviewer	Signature of SAPC Reviewer	Date
ACTION TAKEN: <input type="checkbox"/> Communicated with Client/Representative <input type="checkbox"/> Communicated with SAPC Supervisor <input type="checkbox"/> Other: _____		
Recommended Action/Comments:		
Supervisor Comments/Actions:		
Supervisor Name	Supervisor Signature	Date